

PAGE	1	OF	2
FOR SE OF FORM 24/48			

NAME OF COMMITTEE (In Full) AMERICA IS WORTH IT	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00624775 </div>
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report ➤ <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: flex; justify-content: flex-end; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">M M /</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">D D /</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y</div> </div>	

Full Name of Payee Meath Media Services		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 29 / 2016</div> </div>	
Mailing Address 4441 Klinge St NW		Amount <div> <div>10000.00</div> </div>	
City Washington	State DC	Zip Code 20016	Transaction ID : SE.4119 Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 01 / 2016</div> </div>
Purpose of Expenditure Video Production		Category/ Type 004	
Name of Federal Candidate CHARLES E SCHUMER		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) ▶
Calendar Year-To-Date Per Election for Office Sought		<div> <div>10000.00</div> </div>	District: 00 State: NY Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General

Full Name of Payee Meath Media Services		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 29 / 2016</div> </div>	
Mailing Address 4441 Klingen St NW		Amount <div> <div>8000.00</div> </div>	
City	State	Zip Code	Transaction ID : SE.4118 Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 30 / 2016</div> </div>
Washington	DC	20016	
Purpose of Expenditure Media Production		Category/ Type	004
Name of Federal Candidate CHARLES E SCHUMER		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NY</u>
Calendar Year-To-Date Per Election for Office Sought		<div> <div>39600.00</div> </div>	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	<div>18000.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	<div></div>
(c) TOTAL Independent Expenditures.....	▶	<div></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

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 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) AMERICA IS WORTH IT	FEC IDENTIFICATION NUMBER ▼ C C00624775
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div>	

Full Name of Payee The Strategy Group Company			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 29 / 2016		
Mailing Address 7669 Stagers Loop			Amount 21600.00		
City Delaware	State OH	Zip Code 43015	Transaction ID : SE.4120		
Purpose of Expenditure Media Buy		Category/Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 22 / 2016		
Name of Federal Candidate CHARLES E SCHUMER			Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NY		
Calendar Year-To-Date Per Election for Office Sought 31600.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y		
Mailing Address			Amount		
City	State	Zip Code	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y		
Purpose of Expenditure		Category/Type			
Name of Federal Candidate			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	21600.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	39600.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Paul Kilgore

[Electronically Filed]

Date

 M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2016

Signature